UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)	2

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to10 CFR Parts 30, 40 or 70?	◯YES ◯NO 4	✔ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	◯YES ◯NO 5	✔ UST FACILITY (Formerly SWRCB Form A) ✔ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	◯YES ◯NO 6	✔ UST FACILITY ✔ UST TANK (one per tank) ✔ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C)
3. Need to report closing a UST?	◯YES ◯NO 7	✔ UST TANK (closure portion--one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	◯YES ◯NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	◯YES ◯NO 9	✔ EPA ID NUMBER---provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	◯YES ◯NO 10	✔ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	◯YES ◯NO 11	✔ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✔ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	◯YES ◯NO 12	✔ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	◯YES ◯NO 13	✔ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	◯YES ◯NO 14	✔ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS 15

(You may also be required to provide additional information by your CUPA or local agency.)

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # 1	BEGINNING DATE 100	ENDING DATE 101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		BUSINESS PHONE 102	
BUSINESS SITE ADDRESS			
CITY 103	CA	ZIP CODE 104	
DUN & BRADSTREET 105		SIC CODE (4 digit #) 106	
COUNTY			
BUSINESS OPERATOR NAME 107		BUSINESS OPERATOR PHONE 108	

II. BUSINESS OWNER

OWNER NAME 109		OWNER PHONE 110	
OWNER MAILING ADDRESS 111			
CITY 112	STATE 113	ZIP CODE 114	

III. ENVIRONMENTAL CONTACT

CONTACT NAME 115		CONTACT PHONE 116	
CONTACT MAILING ADDRESS 117			
CITY 118	STATE 119	ZIP CODE 120	

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 121	NAME 128
TITLE 124	TITLE 129
BUSINESS PHONE 125	BUSINESS PHONE 130
24-HOUR PHONE 126	24-HOUR PHONE 131
PAGER # 127	PAGER # 132

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134	NAME OF DOCUMENT PREPARER 135
NAME OF SIGNER *(print)* 136	TITLE OF SIGNER 137	

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL - EPCRA ☐ Yes ☐ No 202

FACILITY ID # 1 MAP # (*optional*) 203 GRID # (*optional*) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☐ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☐ No 208

CAS # 209

*If EHS is"Yes", all amounts below must be in

FIRE CODE HAZARD CLASSES *(Complete if required by CUPA)* 210

HAZARDOUS MATERIAL TYPE *(Check one item only)* ☐ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☐ No 212

CURIES 213

PHYSICAL STATE *(Check one item only)* ☐ a. SOLID ☐ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215

FED HAZARD CATEGORIES *(Check all that apply)* ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217

MAXIMUM DAILY AMOUNT 218

ANNUAL WASTE AMOUNT 219

STATE WASTE CODE 220

UNITS* *(Check one item only)* ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE 222

STORAGE CONTAINER *(Check all that apply)* 223

☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER _____

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

	%WT	HAZARDOUS COMPONENT *(For mixture or waste only)*	EHS	CAS #
1	226	227	☐ Yes ☐ No 228	229
2	230	231	☐ Yes ☐ No 232	233
3	234	235	☐ Yes ☐ No 236	237
4	238	239	☐ Yes ☐ No 240	241
5	242	243	☐ Yes ☐ No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site)

Page ___ of ___

TYPE OF ACTION *(Check one item only)*
☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☐ 4. AMENDED PERMIT ☐ 5. CHANGE OF INFORMATION *(Specify change - local use only)*_____ ☐ 6. TEMPORARY SITE CLOSURE ☐ 7. PERMANENTLY CLOSED SITE ☐ 8. TANK REMOVED 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

FACILITY ID # 1

NEAREST CROSS STREET 401

BUSINESS TYPE ☐ 1. GAS STATION ☐ 2. DISTRIBUTOR ☐ 3. FARM ☐ 4. PROCESSOR ☐ 5. COMMERCIAL ☐ 6. OTHER 403

FACILITY OWNER TYPE ☐ 1. CORPORATION ☐ 2. INDIVIDUAL ☐ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY/DISTRICT* ☐ 5. COUNTY AGENCY* ☐ 6. STATE AGENCY* ☐ 7. FEDERAL AGENCY* 402

TOTAL NUMBER OF TANKS REMAINING AT SITE 404

Is facility on Indian Reservation or trustlands? ☐ Yes ☐ No 405

*If owner of UST a public agency: name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records.) 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407

PHONE 408

MAILING OR STREET ADDRESS 409

CITY 410

STATE 411

ZIP CODE 412

PROPERTY OWNER TYPE ☐ 1. CORPORATION ☐ 2. INDIVIDUAL ☐ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY / DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414

PHONE 415

MAILING OR STREET ADDRESS 416

CITY 417

STATE 418

ZIP CODE 419

TANK OWNER TYPE ☐ 1. CORPORATION ☐ 2. INDIVIDUAL ☐ 3. PARTNERSHIP ☐ 4. LOCAL AGENCY / DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ | 4 | 4 | - | | | | | | | | Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) ☐ 1. SELF-INSURED ☐ 2. GUARANTEE ☐ 3. INSURANCE ☐ 4. SURETY BOND ☐ 5. LETTER OF CREDIT ☐ 6. EXEMPTION ☐ 7. STATE FUND ☐ 8. STATE FUND & CFO LETTER ☐ 9. STATE FUND & CD ☐ 10. LOCAL GOV'T MECHANISM ☐ 99. OTHER:_____ 422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked. ☐ 1. FACILITY ☐ 2. PROPERTY OWNER ☐ 3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification: I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE 424

PHONE 425

NAME OF APPLICANT *(print)* 426

TITLE OF APPLICANT 427

STATE UST FACILITY NUMBER *(For local use only)* 428

1998 UPGRADE CERTIFICATE NUMBER *(For local use only)* 429

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page ___ of ___

TYPE OF ACTION *(Check one item only)*
☐ 1. NEW SITE PERMIT ☐ 4. AMENDED PERMIT ☐ 5. CHANGE OF INFORMATION)
☐ 3. RENEWAL PERMIT _____ *(Specify reason - for local use only)* _____ *(Specify change - for local use only)*
☐ 6. TEMPORARY SITE CLOSURE
☐ 7. PERMANENTLY CLOSED ON SITE
☐ 8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID # 1
LOCATION WITHIN SITE *(Optional)* 431	

I. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☐ No 434 If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
ADDITIONAL DESCRIPTION *(For local use only)* 438		

II. TANK CONTENTS

TANK USE 439
☐ 1. MOTOR VEHICLE FUEL *(If marked, complete Petroleum Type)*
☐ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE *(Includes Used Oil)*
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER _____

COMMON NAME *(from Hazardous Materials Inventory page)* 441

CAS # *(from Hazardous Materials Inventory page)* 442

III. TANK CONSTRUCTION

TYPE OF TANK *(Check one item only)*
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
☐ 2. DOUBLE WALL ☐ 4. SINGLE WALL IN A VAULT ☐ 95. UNKNOWN
☐ 99. OTHER _____

TANK MATERIAL - primary tank *(Check one item only)*
☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 444
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 99. OTHER_____

TANK MATERIAL - secondary tank *(Check one item only)*
☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 95. UNKNOWN 445
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 9. FRP NON-CORRODIBLE JACKET ☐ 99. OTHER_____
☐ 5. CONCRETE ☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING *(Check one item only)*
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN 446 DATE INSTALLED 447
☐ 2. ALKYD LINING ☐ 4. PHENOLIC LINING ☐ 6. UNLINED ☐ 99. OTHER _____ _____ *(For local use only)*

OTHER CORROSION PROTECTION IF APPLICABLE *(Check one item only)*
☐ 1. MANUFACTURED CATHODIC PROTECTION ☐ 3. FIBERGLASS REINFORCED PLASTIC ☐ 95. UNKNOWN 448 DATE INSTALLED 449
☐ 2. SACRIFICIAL ANODE ☐ 4. IMPRESSED CURRENT ☐ 99. OTHER _____ _____ *(For local use only)*

SPILL AND OVERFILL *(Check all that apply)*
YEAR INSTALLED 450 TYPE *(For local use only)* 451
☐ 1. SPILL CONTAINMENT _____ _____
☐ 2. DROP TUBE _____ _____
☐ 3. STRIKER PLATE _____ _____

OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
☐ 1. ALARM _____ ☐ 3. FILL TUBE SHUT OFF VALVE _____
☐ 2. BALL FLOAT _____ ☐ 4. EXEMPT

IV. TANK LEAK DETECTION

IF SINGLE WALL TANK *(Check all that apply):* 453
☐ 1, VISUAL (EXPOSED PORTION ONLY)
☐ 2. AUTOMATIC TANK GAUGING (ATG)
☐ 3. CONTINUOUS ATG
☐ 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING
☐ 5. MANUAL TANK GAUGING (MTG)
☐ 6. VADOSE ZONE
☐ 7. GROUNDWATER
☐ 8. TANK TESTING
☐ 99. OTHER _____

IF DOUBLE WALL TANK OR TANK WITH BLADDER *(Check one item only):* 454
☐ 1. VISUAL (SINGLE WALL IN VAULT ONLY)
☐ 2. CONTINUOUS INTERSTITIAL MONITORING
☐ 3. MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 _____

ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 _____gallons

TANK FILLED WITH INERT MATERIAL? 457
☐ Yes ☐ No

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION *(Check all that apply)*

	UNDERGROUND PIPING	ABOVEGROUND PIPING
SYSTEM TYPE	☐ 1. PRESSURE ☐ 2. SUCTION ☐ 3. GRAVITY 458	☐ 1. PRESSURE ☐ 2. SUCTION ☐ 3. GRAVITY 459
CONSTRUCTION/ MANUFACTURER	☐ 1. SINGLE WALL ☐ 3. LINED TRENCH ☐ 99. OTHER 460 ☐ 2. DOUBLE WALL ☐ 95. UNKNOWN MANUFACTURER _____ 461	☐ 1. SINGLE WALL ☐ 95. UNKNOWN 462 ☐ 2. DOUBLE WALL ☐ 99. OTHER MANUFACTURER _____ 463
MATERIALS AND CORROSION PROTECTION	☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/ 100% METHANOL ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE WITH CONTENTS ☐ 95. UNKNOWN ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE (HDPE) ☐ 99. OTHER ☐ 5. STEEL W/ COATING ☐ 9. CATHODIC PROTECTION 464	☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/ 100% METHANOL ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE WITH CONTENTS ☐ 8. FLEXIBLE (HDPE) ☐ 99. OTHER ☐ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/ COATING ☐ 95. UNKNOWN 465

VII. PIPING LEAK DETECTION *(Check all that apply)*

UNDERGROUND PIPING

SINGLE WALL PIPING 466

PRESSURIZED PIPING *(Check all that apply):*

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1 GPH)

CONVENTIONAL SUCTION SYSTEMS:

☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW:

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING *(Check all that apply):*

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
- ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
- ☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
- ☐ c. NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM:

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY *(Check all that apply)*

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)

☐ 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING 467

PRESSURIZED PIPING *(Check all that apply):*

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1 GPH)

☐ 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS *(Check all that apply):*

☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM

☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW *(Check all that apply):*

☐ 8. DAILY VISUAL MONITORING

☐ 9. BIENNIAL INTEGRITY TEST (O.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING *(Check all that apply):*

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (check one)
- ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
- ☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
- ☐ c. NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM:

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY *(Check all that apply)*

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)

☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT

DATE INSTALLED 468

_____

☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE

☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS

☐ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS

☐ 4. DAILY VISUAL CHECK

☐ 5. TRENCH LINER / MONITORING

☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPERATOR *(print)* 471	TITLE OF OWNER/OPERATOR 472

Permit Number *(For local use only)* 473	Permit Approved *(For local use only)* 474	Permit Expiration Date *(For local use only)* 475

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - INSTALLATION
CERTIFICATE OF COMPLIANCE

(one page per tank)

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

ADDRESS *(For local use only)* 476

FACILITY ID # 1 TANK ID # 477

II. INSTALLATION

(Check all that apply)

☐ The installer has been trained and certified by the tank and piping manufacturers. 478

☐ The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479

☐ The installation has been inspected and approved by the Unified Program Agency. 480

☐ All work listed on the manufacturer's installation checklist has been completed. 481

☐ The installer has been certified or licensed by the Contractors' State License Board. 482

☐ The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures. 483

Description of work being certified:

III. TANK OWNER/AGENT SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF TANK OWNER/AGENT	DATE 484
NAME OF TANK OWNER/AGENT *(print)* 485	TITLE OF TANK OWNER/AGENT 486

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

RECYCLABLE MATERIALS REPORT - PAGE 1

FOR EXCLUDED OR EXEMPTED MATERIALS ONLY

FACILITY ID #	1	EPA ID #	2
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3
DATES OF REPORTING PERIOD	BEGINNING DATE 500	ENDING DATE	501

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

1.	Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?	◯YES ◯NO 502	✔ If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.
2.	Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?	◯YES ◯NO 503	✔ If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.

-- Businesses that only send recyclable materials to an offsite recycler are not required to file this report. --

II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL 504		OFFSITE GENERATOR EPA ID # 505	
STREET ADDRESS 506			PHONE 507
CITY 508	STATE 509		ZIP CODE 510
MAILING ADDRESS (IF DIFFERENT) 511			
CITY 512	STATE 513		ZIP CODE 514

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF CERTIFIER	DATE 515	NAME OF DOCUMENT PREPARER 516
NAME OF SIGNER *(print)* 517	TITLE OF SIGNER 518	

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

RECYCLABLE MATERIALS REPORT - PAGE 2

FOR EXCLUDED OR EXEMPTED MATERIALS ONLY

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS_____519Page ____ of _____

IV. RECYCLABLE MATERIAL INFORMATION

A. DESCRIPTION

RECYCLABLE MATERIAL NUMBER 520	COMMON NAME OF RECYCLABLE MATERIAL 521	QUANTITY DURING TWO YEAR REPORTING PERIOD 522	UNITS ☐ a. Gallons ☐ c. Tons ☐ b. Pounds ☐ d. Kilograms 523

RECYCLABLE MATERIAL DESCRIPTION 524

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525

AUTHORIZING PROVISION OF HSC SECTION 25143.2 526	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527

B . PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

	HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT In Recyclable Material	HAZARDOUS CONSTITUENT In Final Product	LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
1	528	529 UNITS 530 ☐ a. percent ☐ b. ppm	531 UNITS 532 ☐ a. percent ☐ b. ppm	533
2	534	535 UNITS 536 ☐ a. percent ☐ b. ppm	537 UNITS 538 ☐ a. percent ☐ b. ppm	539
3	540	541 UNITS 542 ☐ a. percent ☐ b. ppm	543 UNITS 544 ☐ a. percent ☐ b. ppm	545
4	546	547 UNITS 548 ☐ a. percent ☐ b. ppm	549 UNITS 550 ☐ a. percent ☐ b. ppm	551

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET *(Offsite recyclers only)*

552

☐ DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable material and provide a copy of this report to the generator when the report is submitted to the CUPA. (HSC Section 25143.10(a)(3)(A))

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

FACILITY ID # 1

II. STATUS

NOTIFICATION STATUS 600

- ☐ a. Amended
- ☐ b. Initial
- ☐ c. Renewal (PBR Only)

PERMIT STATUS *(Check all that apply)* 601

- ☐ a. Facility Permit
- ☐ b. Interim Status
- ☐ c. Standardized Permit
- ☐ d. Variance
- ☐ e. Consent Agreement

III. NUMBER OF UNITS AT FACILITY

(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL) 602

a. ____ Conditionally Exempt - Small Quantity Treatment (CESQT) *(May not function under any other tier)*

b. ____ Conditionally Exempt - Specified Wastestream (CESW)

c. ____ Conditionally Authorized (CA)

d. ____ Permit by Rule (PBR)

e. ____ Conditionally Exempt - Limited (CEL)

f. ____ Conditionally Exempt - Commercial Laundry (CE-CL) *(No unit page is required for laundries)*

g. ____ TOTAL UNITS *(Must equal the number of unit notification pages attached plus the number of CE-CL units)*

IV. CERTIFICATION AND SIGNATURE

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/ OPERATOR	DATE 603
NAME OF OWNER/OPERATOR 604	TITLE OF OWNER/OPERATOR 605

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☐ No

State Reason for Request

V. ATTACHMENTS *(Check if attached)*

ALL tiers except CE-CL (Laundries) must submit:

- ☐ 1. One unit specific notification page and one treatment process page per unit
- ☐ 2. Plot Plan (or other grid/map)

PBR & CA ONLY:

- ☐ 1. Closure Financial Assurance (DTSC form 1232)
  - ☐ Self Certified (<$10,000) ☐ Other mechanism
- ☐ 2. Phase I Assessment (DTSC form 1151) ☐ Previously submitted
- ☐ 3. Prior Enforcement History, if applicable

PBR ONLY

- ☐ 1. Tank and container certifications, if required
- ☐ 2. Notification of local agency or agencies
- ☐ 3. Notification of property owner, if different from business owner

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT PAGE

(one page and attachments per unit)

FACILITY ID # 1	BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

I. TREATMENT UNIT

UNIT ID # 606	UNIT TYPE / TIER 607	NUMBER OF TANKS 608	NUMBER OF CONTAINERS/ TREATMENT AREAS 609
UNIT NAME 610	☐ a. CESQT ☐ d. PBR ☐ b. CESW ☐ e. CEL ☐ c. CA	MONTHLY TREATMENT VOLUME 611	UNIT OF MEASURE 612 ☐ a. Pounds ☐ b. Gallons

SPECIFIC WASTE TYPE TREATED *(narrative)* 613

TREATMENT PROCESS DESCRIPTION *(narrative)* 614

(NOTE: for each treatment unit, complete and attach the appropriate Waste And Treatment Process Combinations page)

II. BASIS FOR NOT NEEDING FEDERAL PERMIT *(Check all that apply)*

615

☐ a. The treated waste is not a hazardous waste under federal law (California-only waste).

☐ b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/sewering agency or under an NPDES permit.

☐ c. Treatment in elementary neutralization units.

☐ d. Treatment in a totally enclosed treatment facility.

☐ e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).

☐ f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month.

☐ g. Recyclable materials are reclaimed to recover silver or other precious metals.

☐ h. Empty container rinsing and/or treatment.

☐ i. Other *(specify below)*

III. RESIDUALS MANAGEMENT DESCRIPTION *(Check all that apply)*

☐ a. Discharge non-hazardous aqueous waste to POTW or sewer.

☐ b. Discharge non-hazardous aqueous waste under a NPDES permit.

☐ c. Dispose of non-hazardous solid waste residues at an offsite location.

Residual hazardous waste hauled offsite by a registered hauler 616

☐ d. Offsite recycling
☐ e. Thermal treatment
☐ f. Disposal to land
☐ g. Further treatment
☐ h. Other method of disposal *(describe below)*

SECONDARY CONTAINMENT INSTALLATION DATE *(If required)* 617

IV. TRANSPORTABLE TREATMENT UNIT

TTU BUSINESS NAME 618		TTU SERIAL # 619
TTU EPA ID # 620	TTU CONTACT PERSON NAME 621	TTU CONTACT PHONE NUMBER 622
TTU ADDRESS 623		
CITY 624	STATE 625	ZIP CODE 626

TTU SCHEDULE: Attach Separate Sheet

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING
CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply)

Unit ID # _____ 606 Facility ID # _____ 1 Page ____ of ____

*CESQT = **treats < 55 gallons or 500 pounds of hazardous waste in any calendar month** in **ALL** units at this facility (**NOT** a limit for each wastestream or unit separately). CESQT generators may not hold other state or federal hazardous waste permit or authorization for this facility, including other onsite tiers.*

627

1. Aqueous wastes containing hexavalent chromium may be treated by the following process:

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization.
☐ b. Precipitation or crystallization.
☐ c. Phase separation by filtration, centrifugation, or gravity settling.
☐ d. Ion exchange.
☐ e. Reverse osmosis.
☐ f. Metallic replacement.
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis.
☐ i. Electrowinning or electrolytic recovery.
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption.

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by thefollowing technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements:

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESQT.

☐ _____ Certified Technology Number

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS (CESW) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply)

Unit ID # _____ 606 Facility ID # _____ 1 Page _____ of _____ 628

☐ 1. Treating resins mixed or cured in accordance with the manufacturer's instructions (including one-part and pre-impregnated materials).

☐ 2. Treating a container of 110 gallons or less capacity, which is not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, for the purposes of emptying the container as specified by Section 66261.7 of Title 22 of the California Code of Regulations, as revised July 1, 1990, or treats the inner liners removed from empty containers that once held hazardous waste or hazardous material. The generator shall treat the container or inner liner by using the following technologies, provided the treated containers and rinseate are managed in compliance with the applicable requirements of this chapter:

(A) The generator rinses the container or inner liner with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held, and/or
(B) The generator uses physical processes, such as crushing, shredding, grinding, or puncturing, that change only the physical properties of the container or inner liner, if the container or inner liner is first rinsed as provided in subparagraph (A) and the rinseate is removed from the container or inner liner.

☐ 3. Drying special wastes, as classified by the department pursuant to Title 22, CCR, Section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.

☐ 4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to Title 22, CCR, Section 66261.124.

5. Not in use/exempted--formerly neutralization and regeneration of ion exchange media used to demineralize water.

6. Not in use/exempted--formerly neutralization of food processing waste.

7. Not in use/exempted--formerly recovery of silver from photofinishing.

8. Gravity separation of the following, including the use of flocculants and demulsifiers if:
☐ a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.
☐ b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel). (Note: some used oil/water separation is eligible for CEL.)

☐ 9. Neutralizing acidic or alkaline (basic) material by a state certified laboratory, a laboratory operated by an educational institution, or a laboratory which treats less than one gallon of onsite generated hazardous waste in any single batch. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

☐ 10. Hazardous waste treatment is carried out in quality control or quality assurance laboratory at a facility that is not an offsite hazardous waste facility.

☐ 11. A wastestream and treatment technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESW.

_____ Certified Technology Number

☐ 12. The treatment of formaldehyde or glutaraldehyde by a health care facility using a technology combination certified by the Department pursuant to section 25200.1.5 of the Health and Safety Code.

_____ Certified Technology Number

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

CONDITIONALLY AUTHORIZED (CA) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply)

Unit ID # _____ 606 Facility ID # _____ 1 Page _____ of _____

629

1. Aqueous wastes, hazardous solely due to inorganic constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 1,400 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:

☐ a. Phase separation, including precipitation, by filtration, centrifugation, or gravity settling, including the use of demulsifiers and flocculants.
☐ b. Ion exchange, including metallic replacement,
☐ c. Reverse osmosis
☐ d. Adsorption
☐ e. pH adjustment of aqueous waste with a pH of between 2.0 and 12.5
☐ f. Electrowinning of solutions, unless those solutions contain hydrochloric acid
☐ g. Reduction of solutions hazardous solely due to hexavalent chromium, to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous chloride, ferrous sulfate, ferrous sulfide, or sulfur dioxide. The solution contains less than 750 ppm of hexavalent chromium.

2. Aqueous wastes, hazardous solely due to organic constituents listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (2)(B) and which contain less than 750 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:

☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption

3. Sludges resulting from wastewater treatment, dusts, solid metal objects, and metal workings which are hazardous solely due to the presence of constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which, for dusts only, contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

☐ a. Physical processes which constitute treatment only because they change the physical properties of the waste, such as filtration, centrifugation, gravity settling, grinding, shredding, crushing, or compacting.
☐ b. Drying to remove water.
☐ c. Separation based on differences in physical properties, such as size, magnetism, or density.

4. Alum, gypsum, lime, sulfur, or phosphate sludges. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

☐ a. Drying to remove water. ☐ b. Phase separation by filtration, centrifugation, or gravity settling.

5. Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

☐ a. Drying to remove water.
☐ b. Phase separation by filtration, centrifugation, or gravity settling.
☐ c. Screening to separate components based on size.
☐ d. Separation based on differences in physical properties, such as size, magnetism, or density.

6. Special wastes classified under Title 22, CCR, Section 66261.124 as special wastes, except asbestos, which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

☐ a. Drying to remove water. ☐ c. Magnetic separation.
☐ b. Phase separation by filtration, centrifugation, or gravity settling.

7. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2)(A). The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

☐ a. Screening to separate components based on size. ☐ b. Magnetic separation.

8. Oil mixed with water and oil/water separation sludges. (There is no volume limit for this wastestream.) Treatment using: *(NOTE: some used oil/water separation is allowed under the CEL category.)*

☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
☐ b. Separation based on differences in physical properties, such as size, magnetism, or density.
☐ c. Reverse osmosis.

9. Neutralization of acidic or alkaline wastes, hazardous solely due to corrosivity, or toxic only from the acid or caustic material, in elementary neutralization units. (There is no volume limit for this wastestream.)

☐ a. The waste contains less than 10 percent acid or base constituents by weight. There is no volume limit for this category.
☐ b. The waste contains 10 percent or more acid or base constituents by weight and is treated in batches that do not exceed 500 gallons at one time.

10. Not in use/exempted--formerly recovery of silver from photofinishing.

11. Not in use/sunsetted--formerly treatment of spent cleaners and conditioners which are hazardous solely due to copper or copper compounds. Treatment of this wastestream is no longer allowed under Conditional Authorization as of January 1, 1998. Treatment of this wastestream now requires authorization under either Permit by Rule or, if the total volume treated is less than 55 gallons per month, under Conditionally Exempt Small Quantity Treatment.

12. A wastestream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health andSafety Code as appropriate for authorization under Conditional Authorization.

☐ _____Certified Technology Number

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply)

Unit ID # _____ 606 Facility ID # _____ 1 Page _____ of _____

630

1. Aqueous wastes containing hexavalent chromium may be treated by the following process:

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization.
☐ b. Precipitation or crystallization.
☐ c. Phase separation by filtration, centrifugation, or gravity settling.
☐ d. Ion exchange.
☐ e. Reverse osmosis.
☐ f. Metallic replacement.
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis.
☐ i. Electrowinning or electrolytic recovery.
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption.

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements:

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

☐ _____ Certified Technology Number

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

CONDITIONALLY EXEMPT - LIMITED (CEL) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply)

Unit ID # _____ 606 Facility ID # _____ 1 Page _____ of _____
631

☐ 1. Puncturing, draining, or crushing of aerosol cans, at ambient temperature, using equipment or a technology combination certified by the Department of Toxic Substances Control (DTSC) pursuant to section 25200.1.5 of the Health and Safety Code. The equipment must capture gaseous and liquid contents, prevent fire, explosion, and unauthorized releases of hazardous constituents, and prevent worker exposure. The aerosol cans must be recycled as scrap metal.

_____ Certified Technology Number

NOTE: This category is not available until DTSC certifies a manufacturer's equipment.

2. The separation of used oil from water, provided that the wastestream is <u>hazardous solely due to</u> the oil and the used oil is properly transported to an authorized offsite oil recycler. Treatment using:

☐ a. Gravity separation.
☐ b. A centrifuge.
☐ c. A membrane technology.
☐ d. Heating of the water containing used oil to a temperature that is not more than 20 degrees Fahrenheit below the flashpoint of the used oil component of the mixture at atmospheric pressure.
☐ e. The addition of demulsifiers to the water containing used oil.

NOTE: The authorized separation of used oil from water under this wastestream may not include contaminated groundwater or water containing <u>any</u> measurable amounts of gasoline or more than two percent (2%) diesel fuel (combination of Number 1 or 2 fuel).

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification ☐ c. Annual Certification 700

I. FACILITY IDENTIFICATION *(Put an asterisk in the left margin next to the amended information.)*

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

FACILITY ID # 1 | FACILITY EPA ID # 2

TYPE OF OPERATION ☐ a. PBR-FTU ☐ b. CA ☐ c. Other _____ 701

II. ESTIMATED CLOSURE COSTS

NOTE: In addition to the dollar figure below, ***a written estimate of closure costs must be attached*** *when you submit this section of the page.*

ESTIMATED CLOSURE COSTS $_____ 702

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

1. I am not required to provide a mechanism because:

☐ a. I certify that my closure cost estimate is less than or equal to $10,000, or 703

☐ b. Specify other reason _____

_____ 704

☐ 2. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. *(Does not apply to Conditional Authorization)* 705

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

☐ I am required to provide a mechanism and **it is attached to this page**. 706

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM _____ 707

MECHANISM ID NUMBER(S): 708

MECHANISM TYPE *(Check one item only)* 709

☐ a. Closure Trust Fund
☐ b. Surety Bond
☐ c. Closure Letter of Credit
☐ d. Closure Insurance
☐ e. Financial Test and Corporate Guarantee
☐ f. Alternative Mechanism
☐ g. Multiple Financial Mechanisms
☐ h. Certificate of Deposit
☐ i. Savings Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY / OTHER ORGANIZATION 710

ADDRESS 711

CITY 712 | STATE 713 | ZIP CODE 714

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION: ☐ a. Owner ☐ b. Operator 715

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

SIGNATURE OF OWNER/ OPERATOR | DATE 716

NAME OF OWNER/OPERATOR *(Print)* 717 | TITLE OF OWNER/OPERATOR 718

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

☐ a. Initial ☐ b. Revised ☐ c. Annual 720

I. GENERAL INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID # 1

II. CONSOLIDATION SITE INFORMATION

ADDRESS 721		FACILITY EPA ID # 2
CITY 722	CA	ZIP CODE 723

DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole) 724

DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED 725

Do you treat your hazardous waste at this consolidation site? 726 *(Optional)* ☐ Yes ☐ No	ESTIMATED MONTHLY VOLUME CONSOLIDATED 727	UNITS 728 ☐ a. Pounds ☐ b. Gallons

III. BASIS FOR NOT NEEDING A FEDERAL PERMIT

(Check all that apply) 729

☐ a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous wasteunder California state law.

☐ b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):

IV. CERTIFICATIONS

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OWNER/OPERATOR	DATE 730
NAME OF OWNER/OPERATOR *(Print)* 731	TITLE OF OWNER/OPERATOR 732

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID # 1
TANK OWNER NAME 740	
TANK OWNER ADDRESS 741	
TANK OWNER CITY 742	STATE 743 / ZIP CODE 744

II. TANK CLOSURE INFORMATION

		Tank ID # (Attach additional copies of this page for more than three tanks.)	Concentration of Flammable Vapor			Concentration of Oxygen		
			Top	Center	Bottom	Top	Center	Bottom
TANK INTERIOR ATMOSPHERE READINGS	1	745	746a	746b	746c	747a	747b	747c
	2	748	749a	749b	749c	750a	750b	750c
	3	751	752a	752b	752c	753a	753b	753c

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER

NAME OF CERTIFIER *(Print)* 754

TITLE OF CERTIFIER 755

ADDRESS 756

CITY 757

PHONE 758

DATE 759 | CERTIFICATION TIME

STATUS OR AFFILIATION OF CERTIFYING PERSON

Certifier is a representative of the CUPA, authorized agency, or LIA: 760

☐ Yes ☐ No

Name of CUPA, authorized agency, or LIA: 761

_____

If certifier is other than CUPA / LIA check appropriate box below: 762

- ☐ a. Certified Industrial Hygienist (CIH)
- ☐ b. Certified Safety Professional (CSP)
- ☐ c. Certified Marine Chemist (CMC)
- ☐ d. Registered Environmental Health Specialist (REHS)
- ☐ e. Professional Engineer (PE)
- ☐ f. Class II Registered Environmental Assessor
- ☐ g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS ☐ Yes ☐ No 763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency; owner / operator of the tank system; removal contractor; and the recycling / disposal facility.